

SENT VIA EMAIL OR FAX ON
Mar/19/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left lumbar sympathetic block with fluoroscopy with IV sedation

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 3/1/10 and 2/22/10
Dr. 1/27/10 thru 2/9/10
MRI 5/22/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx. He sustained injuries to his left ankle with reconstruction. He had an xray in 2009 showing postoperative changes, but no evidence of osteoporosis or osteopenia. He was described as having swelling, persistent burning, spasms and allodynia. He has a psychiatric history of a bipolar disorder.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The request for the sympathetic blockade is for CRPD/RSD. This disorder remains controversial in the literature. (See AMA Guides Newsletter November/December 2009). The

first issue is does this man meet the ODG criteria for CRPD. Allodynia and edema were described. Range of motion triggered or limited pain. There were no trophic changes and no reports of sudomotor sweating issues. There were no reports of a triple bone scan, thermography (not advised by the ODG), Cold stress testing or autonomic testing. The reviewer presumes the differential was evaluated. The tightest criteria for CRPD1 was not met. The least stringent was. From the records the reviewer is not convinced he has CRPD-1, but the reviewer is also not convinced he does not have the disorder. In turn, the ODG recognizes the appropriateness, but also the limitations of the treatment of CRPD with sympathetic blocks. Therefore, after a careful review of all medical records, the reviewer's medical assessment is that a single block for diagnostic (and possibly therapeutic) purposes is medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)